



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 18, 2010

Rusty Symons, Administrator
Preferred Community Homes-- Milliken
7091 West Emerald Street
Boise, Idaho 83704

RE: Preferred Community Homes - Milliken, Provider #13G053

Dear Mr. Symons:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Preferred Community Homes - Milliken, on February 8, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Rusty Symons, Administrator
February 18, 2010
Page 2 of 2

within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 3, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Mroz', with a stylized flourish extending to the right.

TOM MROZ
Health Facility Surveyor
Fire Life Safety & Construction Program

TM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 02/11/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MILLIKEN		STREET ADDRESS, CITY, STATE, ZIP CODE 7904 ARLINGTON NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story, Type V(000), residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 9, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction</p>	K 000	<p>"Preparation and implementation of this plan of correction does not constitute admission or agreement by Milliken Heights with the facts, findings or other statements as alleged by the state agency dated February 8, 2010. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Milliken Heights - Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."</p>	
K0051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the</p>	K0051		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Simasey Cruz**Administrator**3-3-10*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 02/11/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MILLIKEI			STREET ADDRESS, CITY, STATE, ZIP CODE 7904 ARLINGTON NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0051	<p>Continued From page 1 authority having jurisdiction.</p> <p>This Standard is not met as evidenced by: Based on observation the facility failed to maintain the fire alarm system. The deficient practice would affect one of one smoke compartments, 5 residents, visitors and staff of the facility. The facility has the capacity for 8 licensed beds with a census of 5 on the day of the survey.</p> <p>Findings include:</p> <p>Observation on February 8, 2010 between 1:00 P.M. and 2:00 P.M., the fire alarm control panel displayed a signal initiated by the fire alarm system or device indicative of a fault in a monitored circuit or component. The fire alarm control panel was in "trouble mode".</p> <p>The finding was acknowledged by an Administrator at the exit interview on February 10, 2010.</p> <p>Actual NFPA standard: NFPA 72 §9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.</p>	K0051	<p>K0051 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Alarm system was repaired on 02/09/2010 by Mountain Alarm Company and is now in working order. System checks will be added to nightly Graveyard checklist to monitor for possible issues. Should issues be found they will immediately notify the Administrator or AOD and Implement company's "Fire Watch Policy & Procedure". Facility will implement checklist for RSC to monitor on a monthly basis.</p>		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MILLIKEN		STREET ADDRESS, CITY, STATE, ZIP CODE 7904 ARLINGTON NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, Type V(000), residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 8, 2010. The facility was surveyed in accordance with IDAPA 16.03.11.</p> <p>The Survey was conducted by:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction</p>	M 000	<p>RECEIVED</p> <p>MAR 03 2010</p> <p>FACILITY STANDARDS</p>	
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to federal deficiency K051, fire alarms, listed on the CMS 2567 form.</p>	MM309	<p>MM309 16.03.11.110 FIRE AND LIFE SAFETY STANDARDS</p> <p>Refer to K0051- 483.470 (j)(1)(i) LIFE SAFETY CODE STANDARD</p>	
MM326	<p>16.03.11.110.02(g) Portable Comfort Heating Devices</p> <p>The use of portable comfort heating devices of any kind is prohibited. This Rule is not met as evidenced by:</p> <p>Based on observation, the facility failed to ensure</p>	MM326		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MILLIKEN		STREET ADDRESS, CITY, STATE, ZIP CODE 7904 ARLINGTON NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM326	<p>Continued From Page 1</p> <p>that portable space heating devices were not in use within the facility. The deficient practice would affect residents and staff in one of one smoke compartments in the facility. The facility has the capacity for 8 licensed beds with a census of 5 on the day of the survey.</p> <p>Findings include:</p> <p>On facility tour between 1:00 P.M. and 2:00 P.M. on February 8, 2010, observation revealed that an unattended portable space heating device was being utilized to provide heat in the fire sprinkler control room.</p> <p>The finding was acknowledged by an Administrator at the exit interview on February 10, 2010.</p>	MM326	<p>MM326 16.03.11.110.02(g) PORTABLE COMFORT HEATING DEVICES</p> <p>Devices were immediately removed 02/08/2010. Monthly monitoring by RSC (refer to TAG- K0051- 483.470 (j)(1)(i) LIFE SAFETY CODE STANDARD)</p>	